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COMMONWEALTH OF KENTUCKY
TREY GRAYSON, SECRETARY OF STATE
SIXTY (60) DAY NOTICE AND ANNUAL REPORT
SEPTEMBER 1, 2006
MUST BE RECEIVED BY OCTOBER 31, 2006



0534386

ORGANIZATION ID # **0534386** STATE OR COUNTRY OF INCORPORATION **KY** ORGANIZATION DATE **04/04/2002** FILING FEE **\$4.00**

(1) **CURRENT REGISTERED AGENT AND REGISTERED OFFICE ADDRESS**
Changes made to the registered agent or registered office cannot be made on this form.
Complete (3) to request a form to be mailed or download form from web site.

DAVID L HOLTON II
12004 HILDA COURT
LOUISVILLE, KY 40272

(3) **MAIL A STATEMENT OF CHANGE OF AGENT OR OFFICE TO**

RECEIVED
SEP 20 2006
SECRETARY OF STATE
COMMONWEALTH OF KY

(2) **EXACT CORPORATE NAME AND CURRENT PRINCIPAL OFFICE ADDRESS**

PRAIRIE VILLAGE BASEBALL-SOFTBALL INCORPORATED
9733 OLD THIRD STREET ROAD
LOUISVILLE, KY 40272

(4) **THE PRINCIPAL OFFICE ADDRESS IS HEREBY CHANGED TO**

(5) **PRINCIPAL OFFICERS** If the corporation has previously filed an annual report, verify the names and titles of officers listed below. Please note any additions to or changes in the principal officers and **give the business address** for each person listed. If (5) is blank, type or print the **names and business addresses** of the current principal officers. If sole officer, please note. The annual report will be returned if business addresses are not listed.

President	Mike Carden	Address	12004 HILDA CT. Louisville, Ky 40272
Vice President	Scott Moore TIMOTHY THRAASHER	Address	4507 DOUGLASS CT. Lou, Ky 40272
Secretary	Cindy Jessee	Address	1407 GARVEY DR. Lou, Ky 40216
Treasurer	Tammy Maynard	Address	4513 SOUTHWEST DR. Lou, Ky 40272
		Address	
		Address	

(6) **DIRECTORS** Type or print the **names and business addresses** of the corporation's directors. No listing of directors is verification that the corporation has dispensed with directors (KRS 271B.8-010(3)). **Nonprofit corporations must list three (3) or more directors** (KRS 273.211). The annual report will be returned if business addresses are not listed.

Name	Mike Carden	Address	
Name	Scott Moore TIMOTHY THRAASHER	Address	
Name	Tammy Maynard	Address	
Name		Address	
Name		Address	

(7) Check here if you are a cooperative corporation or association organized under KRS 272. ☐

Check here if you are a rural electric or rural telephone cooperative corporation organized under KRS 279. ☐

I **VERIFY THAT THE INFORMATION IN THIS ANNUAL REPORT IS CURRENT AS OF THE DATE THIS REPORT IS EXECUTED.**

Signature of Officer or Chairman of the Board: [Signature] TITLE: PRESIDENT DATED: 9-4-06

ANNUAL REPORT AND FILING FEE

Submit for filing the completed annual report form and correct filing fee as indicated above. Make check payable to the "Kentucky State Treasurer". Please do not send cash.

MAILING ADDRESS

Trey Grayson
Secretary of State
P O Box 1150
Frankfort, KY 40602-1150

OFFICE LOCATION

Secretary of State
State Capitol, Room 154
700 Capital Avenue
Frankfort, KY 40601
(502)-564-2848

**NOTE: P O Box 1150 is for
annual report filings only.**